

## 2023/2024



## Caltrans District 6/Central Region Employee Family Scholarship Application

Name of Applicant:			
Address:		Email:	
City:	State: Zip Code:	Phone:	
Parent/Guardian Phone: _		Email:	
High School Currently Atte	nding:	GPA:	
College Planning To Attend	d:	Major:	
High School Counselor: Counselor Email:		Counselor Email:	
I am submitting my appl	ication for the Employee Famil	y Scholarship, which includes the following:	
Signed application			
List or state person	al community involvement and/o	r school involvement, affiliations, and honors	
> Write a one-page e	ssay (no more than 500 words): "	Why you would like to pursue a career in the	
transportation fie	ld?"		
Official High School	Official High School transcript (must be sealed by the school)		
> Two sealed letters	Two sealed letters of recommendation from non-family, faculty, or community representative		
Name of current, fo	rmer, or retired Caltrans District	6 employee you are related to:	
Name:	Department/Division:		
Sianature:		Date:	

## Mail the completed application with the above attachments to:

Department of Transportation
District 6
Attention: William Maldonado
PO Box 12616
Fresno CA 93778-2616

You can also drop-off the application with the above attachments during business hours at the District Office located at:

Department of Transportation – Attention: William Maldonado 1352 West Olive Avenue Fresno, CA 93728

If planning on mailing your application, send an email to William.Maldonado@dot.ca.gov

NOTE: Applications which are incomplete or postmarked after the March 29, 2024 deadline will not be considered.

Applicants must meet the scholarship criteria to apply and may only apply for one Caltrans Scholarship category

(Employee Family or Transportation).